

# BUCKINGHAM TOWNSHIP

P.O. Box 413, Buckingham, Pennsylvania 18912  
Phone (215) 794-8834 • Fax (215) 794-8837

Website - www.buckinghampa.org



## Commercial Building Application

Property Owner: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Location of Property:** \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Contact at Business: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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**Contractor:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Plumber:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Buckingham Township Plumber Registration Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Electrician:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Electrical Inspection Agency:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

New Electric: \_\_\_\_\_

Total Cost of Improvement: \_\_\_\_\_

- Number of Stories: \_\_\_\_\_ Number of Employees: \_\_\_\_\_
- New Building: \_\_\_\_\_ Addition: \_\_\_\_\_
  - Total Square Footage of Each Floors: \_\_\_\_\_
- Alteration: \_\_\_\_\_ Repair: \_\_\_\_\_ Section of Building: \_\_\_\_\_
- Existing Sprinklers: Y/N How Many Means of Egress: \_\_\_\_\_
- Change of Use: from: \_\_\_\_\_ to \_\_\_\_\_
- Number of Parking Spaces: \_\_\_\_\_ Number of ADA Parking Spaces: \_\_\_\_\_
- Outside Storage or Displays: \_\_\_ Y / \_\_\_ N
- Proposed Scope of Work: \_\_\_\_\_



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## Does the proposed use involve:

- storage, handling, or use of flammable or combustible fibers, liquids, gasses, solids or waste materials? **Y / N**
- explosives, ammunition or blasting agents? **Y / N**
- hazardous material or chemicals – flammable solids, corrosive liquids, radioactive materials, oxidizing materials, highly toxic materials, poisonous gasses or potentially explosive chemicals? **Y / N**
- welding or cutting? **Y / N**

If the answer, to any of the above questions, is yes please explain on another sheet of paper.

Property Owners Signature: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

## For all roofing jobs, please supply a description of work!

Permit Number: _____
Zoning District: ____ Zoning Use: ____ Use Group: ____ Bld Type: ____
Flood Prone Area: <b>Y / N</b> Limestone Area: <b>Y / N</b>
Zoning: ____ Building: ____ Fire Marshal: ____
Plumbing: ____ Well: ____ Mechanical: ____ Electric: ____
Septic Approval: ____ Public Sewer: ____ Public Water: ____
Highway Occupancy: ____
Zoning Approval: _____ Date: _____
Revised 4/22